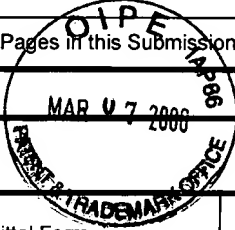


|   |                      |                        |           |
|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/911,053             |           |
|   | Filing Date          | 07/23/2001             |           |
|   | First Named Inventor | Pradeep K. Bansal      |           |
|   | Group Art Unit       | 3625                   |           |
|   | Examiner Name        | Zurita, James H.       |           |
| Total Number of Pages in this Submission  | 26                   | Attorney Docket Number | 1999-0215 |


**Enclosures (check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / Declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet<br><input type="checkbox"/> Drawing(s) & Letter to Official Draftsman<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition to the Commissioner<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> CD, Number of CDs<br><input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)<br><div style="border: 1px solid black; padding: 2px; width: fit-content;">Request for Continued Examination</div> |
|---|---|---|

Remarks : Amendment Accompanying Request For Continued Examination under 37 C.F.R. § 1.114

**CORRESPONDENCE ADDRESS**
☒ Customer Number or Bar Code Label

Customer Number - 26652

 or ☐ Correspondence address below

|                |                                     |              |              |                 |       |
|----------------|-------------------------------------|--------------|--------------|-----------------|-------|
| <b>NAME</b>    | Samuel H. Dworetzky                 |              |              |                 |       |
| <b>ADDRESS</b> | AT&T CORP. One AT&T Way Room 2A-207 |              |              |                 |       |
| <b>CITY</b>    | Bedminster                          | <b>STATE</b> | New Jersey   | <b>ZIP CODE</b> | 07921 |
| <b>COUNTRY</b> | United States of America            | <b>FAX</b>   | 908-532-1281 |                 |       |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                  |                   |               |            |
|------------------|-------------------|---------------|------------|
| <b>NAME</b>      | Robert T. Canavan | <b>Reg. #</b> | 37592      |
| <b>TELEPHONE</b> | 908-707-1568      |               |            |
| <b>SIGNATURE</b> |                   | <b>DATE</b>   | 03/03/2006 |

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 03/03/2006

|                             |               |             |            |
|-----------------------------|---------------|-------------|------------|
| <b>Type or Printed Name</b> | Mary J. Curch |             |            |
| <b>Signature</b>            |               | <b>Date</b> | 03/03/2006 |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

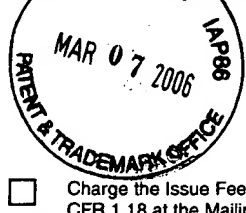
**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/911,053        |
| Filing Date          | 07/23/2001        |
| First Named Inventor | Pradeep K. Bansal |
| Examiner Name        | Zurita, James H.  |
| Group/Art Unit       | 3625              |
| Attorney Docket No.  | 1999-0215         |

**TOTAL AMOUNT  
OF PAYMENT**     **910**
**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

 Deposit Account Number     01-2745  
 Deposit Account Name     AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17     ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance
**FEE CALCULATION****1. FILING FEE**

| Large Fee Code | Entity Fee(\$) | Fee Description  | Fee Paid |
|----------------|----------------|--|----------|
| 1001           | 770            | Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee |          |
| 1002           | 340            | Design Filing Fee                                      |          |
| 1004           | 770            | Reissue Filing Fee                                     |          |
| 1005           | 160            | Provisional Filing Fee                                 |          |

**SUBTOTAL (1)****2. CLAIMS**
☐ Filing Under 37CFR 1.53 (b)  
☐ CPA Under 37CFR 1.53 (d)  
☒ Amendment

|                           |    | Extra Claims |   | Fee from below |  | Fee Paid |
|---------------------------|----|--------------|---|----------------|--|----------|
| Total                     | 16 | - 20 =       | 0 | X              |  |          |
| Ind.                      | 2  | - 3 =        | 0 | X              |  |          |
| Multiple Dependent Claims |    |              |   |                |  |          |

| Large Fee Code | Entity Fee(\$) | Fee Description  |
|----------------|----------------|--|
| 1202           | 18             | Claims in excess of 20                                     |
| 1201           | 86             | Independent Claims in excess of 3                          |
| 1203           | 290            | Multiple Dependent Claims                                  |
| 1204           | 86             | ** Reissue independent claims over original patent         |
| 1205           | 18             | ** Reissue claims in excess of 20 and over original patent |

\*\* or number previously paid, if greater; for Reissues, see above

**SUBTOTAL (2)****FEE CALCULATION (continued)****3. ADDITIONAL FEES**

| Large Fee Code | Entity Fee(\$) | Fee Description  | Fee Paid |
|----------------|----------------|--|----------|
| 1051           | 130            | Surcharge - late filing fee or oath  |          |
| 1052           | 50             | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053           | 130            | Non-English specification  |          |
| 1812           | 2520           | For filing a request for reexamination                                     |          |
| 1804*          | 920            | Requesting publication of SIR prior to Examiner action                     |          |
| 1805*          | 1840           | Requesting publication of SIR after Examiner action                        |          |
| 1251           | 120            | Extension for response within first month                                  | 120      |
| 1252           | 450            | Extension for response within second month                                 |          |
| 1253           | 1020           | Extension for response within third month                                  |          |
| 1254           | 1590           | Extension for response within fourth month                                 |          |
| 1255           | 2160           | Extension for response within fifth month                                  |          |
| 1401           | 330            | Notice of Appeal   |          |
| 1402           | 330            | Filing a brief in support of an appeal                                     |          |
| 1403           | 290            | Request for oral hearing   |          |
| 1504           | 300            | Publication fee for early, voluntary, or normal publication                |          |
| 1452           | 110            | Petition to revive - unavoidable   |          |
| 1453           | 1330           | Petition to revive - unintentional   |          |
| 1501           | 1330           | Utility issue fee (or reissue)   |          |
| 1502           | 480            | Design issue fee   |          |
| 1460           | 130            | Petitions to the Commissioner  |          |
| 1807           | 50             | Processing fee for provisional applications                                |          |
| 1806           | 180            | Submission of Information Disclosure Statement                             |          |
| 8021           | 40             | Recording each patent assignment per property (times number of properties) |          |
| 1809           | 770            | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810           | 770            | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801           | 790            | Request for Continued Examination (RCE)                                    | 790      |
| 1802           | 900            | Request for expedited exam of a design application                         |          |

Other fee (specify):

**SUBTOTAL(3)**     **910****SUBMITTED BY**

Typed or Printed Name     John E. Etchells

**Complete (if applicable)**

Reg. Number

Signature

Date

3/5/06

Deposit Account User ID

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450